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FAMILY NAME:	GABRIEL	DELAY WAIVED (Y/N):	Y
GIVEN NAME:	JOCHEN	DEMAND RECEIVED (Y/N):	N
PRIORITY CLAIMED (Y/N):	Y	PRIORITY DATE:	11 / 19 / 97
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APPLICATION TITLES:	NEEDLE ARRANGEMENT		

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SERIAL NUMBER 09/530,894	FILING DATE 05/04/2000 RULE -	CLASS 604	GROUP ART UNIT 3762	ATTORNEY DOCKET NO. 870-003-123						
APPLICANTS JOCHEN GABRIEL, STUTTGART, GERMANY; ULF POLZIN, LEINFELDEN, GERMANY;										
** CONTINUING DATA ***** THIS APPLICATION IS A 371 OF PCT/EP98/07230 11/11/1998										
** FOREIGN APPLICATIONS ***** GERMANY 29720513.7 11/19/1997										
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 07/25/2000 -										
Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature <i>[Signature]</i> Initials	STATE OR COUNTRY GERMANY	SHEETS DRAWING -	TOTAL CLAIMS 16	INDEPENDENT CLAIMS 1					
ADDRESS 4955 -										
TITLE NEEDLE ARRANGEMENT										
FILING FEE RECEIVED 840	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: <table border="1"> <tr><td><input type="checkbox"/> All Fees</td></tr> <tr><td><input type="checkbox"/> 1.16 Fees (Filing)</td></tr> <tr><td><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)</td></tr> <tr><td><input type="checkbox"/> 1.18 Fees (Issue)</td></tr> <tr><td><input type="checkbox"/> Other _____</td></tr> <tr><td><input type="checkbox"/> Credit</td></tr> </table>				<input type="checkbox"/> All Fees	<input type="checkbox"/> 1.16 Fees (Filing)	<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)	<input type="checkbox"/> 1.18 Fees (Issue)	<input type="checkbox"/> Other _____	<input type="checkbox"/> Credit
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